

Registration for Maine State Library Books By Mail

Name: _____

Mailing Address: _____

Town: _____

County: _____

State: _____ Zip: _____ Telephone: _____

Place of Residence (if different from above): _____

Please indicate: Child/Grade _____ Adult _____

By signing this form, I certify that the information on it is accurate to the best of my knowledge and that I do not live in a community which is not eligible for Maine State Library Books By Mail services. I agree to promptly return the materials I borrow in good condition.

Signature: _____ Date: _____

Send to:
Outreach Services
Maine State Library
State House Station 64
Augusta, Maine 04333